

## PATENT APPLICATION COVER SHEET

NAVY CASE #83202

Honorable Commissioner of Patents and Applications Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of:

INVENTOR: Amanda S. Schilling, et. al.

| Enclosed   | are:                                                                                                                                                                                                                                                                                                                      |                              |                                                         |     |        |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------|-----|--------|
|            | 1 sheet (s) of drawings.                                                                                                                                                                                                                                                                                                  |                              |                                                         |     |        |
| <b>I</b> . | sheet (s) of specification.                                                                                                                                                                                                                                                                                               |                              |                                                         |     |        |
|            | An assignment of the invention to: Government of the United States of America.                                                                                                                                                                                                                                            |                              |                                                         |     |        |
| Ω .        | Information Disclosure Statement.                                                                                                                                                                                                                                                                                         |                              |                                                         |     |        |
| •          | Declaration and Power of Attorney.                                                                                                                                                                                                                                                                                        |                              |                                                         |     |        |
| ם          | Other:                                                                                                                                                                                                                                                                                                                    | <u></u> .                    |                                                         |     |        |
|            | The filing fee has been calculated as shown below:                                                                                                                                                                                                                                                                        |                              |                                                         |     |        |
|            |                                                                                                                                                                                                                                                                                                                           | OTHER THAN A<br>SMALL ENTITY |                                                         |     |        |
|            | FOR: No. Filed No. Extra                                                                                                                                                                                                                                                                                                  |                              | RATE                                                    |     | Fee    |
|            | BASIC FEE                                                                                                                                                                                                                                                                                                                 |                              | \$740.00                                                | \$  | 740.00 |
|            | TOTAL CLAIMS $20 - 20 = 0$                                                                                                                                                                                                                                                                                                | x                            | \$ 18.00                                                | \$  | -0-    |
|            | INDEPENDENT CLAIMS 4 - 3 = - 1-                                                                                                                                                                                                                                                                                           | x                            | \$ 84.00                                                | \$  | 84.00  |
|            | MULTIPLE DEPENDENT CLAIMS PRESENTED = -0-                                                                                                                                                                                                                                                                                 | x                            | \$280.00                                                | \$  | -0-    |
|            |                                                                                                                                                                                                                                                                                                                           |                              | TOTAL                                                   | \$  | 824.00 |
| <b>. .</b> | Please charge Deposit Account 50-0967 in the amount of \$82                                                                                                                                                                                                                                                               | 24.00                        | •                                                       |     |        |
| 1          | The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0967.  Any additional fees required under 37 C.F.R.§ 1.16  Any patent application processing fees under 37 C.F.R. § 1.17                             |                              |                                                         |     |        |
|            | The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 50-0967.  Any patent application processing fees under 37 C.F.R. § 1.17.  Any filing fees under 37 C.F.R. § 1.16 for presentation of extra claims. |                              |                                                         |     |        |
| Date       | <u> </u>                                                                                                                                                                                                                                                                                                                  | <i>1e</i>                    | James B. Bechtel,<br>Reg. No. 29,890<br>Customer No. 23 | , 1 | the    |

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